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Global road safety crisis

Letter dated 28 January 2003 from the Permanent Representative of Oman to the United Nations addressed to the President of the General Assembly

In accordance with rule 15 of the rules of procedure of the General Assembly, I have the honour to request the inclusion in the agenda of the fifty-seventh session of the General Assembly of an item entitled "Global road safety crisis".

Pursuant to rule 20 of the rules of procedure of the General Assembly, I attach an explanatory memorandum (annex I) in support of the above request, as well as a set of facts about road traffic injuries (annex II).

I have further the honour to request that the present letter and its annexes be circulated as a document of the General Assembly.

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Annex I

Explanatory memorandum

Global road safety crisis

1. The problem

There is a rapid increase in road traffic injuries, rising fastest in developing countries, with a disproportionate toll on poor, vulnerable road users.

One reason for the poor public-health response to road traffic injuries is that they disproportionately affect the poor and vulnerable, who have little influence over policy decisions. Another reason is that road traffic injuries are often perceived to be the proper concern of transport agencies rather than public-health agencies. Uncertainty as to who should be concerned means that no one takes responsibility for focusing on the problem and coordinating multi-agency and multidisciplinary responses.

There are big differences between high- and low-income countries in terms of the number of vehicles on the road, proper construction of roadways, training of drivers, enactment of policies and enforcement.

In assessing the public-health response to road traffic injuries, it is also important to consider whether responses are appropriate for particular settings. In high-income countries, the main focus in recent years has been on behavioural changes (e.g., wearing seat belts) rather than on making the traffic environment safer. Making the traffic environment safer may be a more important consideration in low- and middle-income countries, where many of the poor never drive vehicles but are still at considerable risk of being hit by them.

There is a lack of resources, political will, data and research in low-income countries.

In 1974, the World Health Organization (WHO) adopted a resolution to address the growing problem of road traffic collisions and their health consequences. Unfortunately, over the decades WHO involvement in this area has been sporadic and unsustained, largely due to a lack of personnel but also because of poor doctor response to the situation. In most developing countries, where the burden is greatest, there is little or no public-health leadership for the prevention of such collisions and control of the consequences.

2. Disproportionate fatality rate in developing countries

In 1988, an estimated 1,170,694 people died from road traffic injuries worldwide. Road traffic injuries were the tenth leading cause of death, accounting for 2.2 per cent of all deaths. They were the leading cause of injury-related death, accounting for 20.3 per cent of all deaths from injury.

Of the total deaths from road traffic injuries, 1,029,037 (87.9 per cent) were in low- and middle-income countries and 141,656 (12.1 per cent) were in high-income countries. There were 20.7 deaths from road traffic injuries per 100,000 population in low- and middle-income countries and 15.6 in high-income countries. Road

traffic injuries death rates were consistently higher in all low- and middle-income countries than in high-income countries in the same regions. By 2020, it is projected that road traffic injuries will account for about 2.3 million deaths globally and will account for a greater proportion of all injury deaths (27.4 per cent), with more than 90 per cent of these deaths occurring in low- and middle-income countries.

Crude estimates suggest that the annual cost of road crashes is about 1 per cent of gross national product in developing countries, 1.5 per cent in transitional countries and 2 per cent in highly motorized countries. A global estimate of $518 billion was produced by the Transport Research Laboratory.

Fatalities per 10,000 crashes	
United States of America	66
Kenya	1 786
Viet Nam	3 181

The number of vehicles is expected to increase dramatically, thus increasing the likely number of deaths. In India, for example, there was a 23 per cent increase in the number of vehicles between 1990 and 1993.

Vehicles in India	
1990	3.7 million
1993	4.5 million
2050	More than 267 million predicted

The poor and most vulnerable are being hit hardest.

Proportion of global injuries	
Low- and middle-income countries	91 per cent
High-income countries	9 per cent

3. Responsibility

The question arises as to who should be primarily responsible for road safety at the national and the international level. Clearly, for a problem that globally causes about 1.2 million deaths and injures 10 to 15 million people a year, responsibilities should be assigned. Road safety is everybody's responsibility — the road users, Governments, donor organizations, academia and non-governmental organizations. Road safety is a multidisciplinary agenda with clear roles for all.

However, two of the main obstacles to promoting a scientific approach to road safety are ignorance and lack of responsibility. There is ignorance about the size of the problem. Few people realize that more people die on the road than from malaria, and many people do not know that road traffic injuries are preventable. If policy makers fully grasped how much could be gained by implementing policies on speed, drunk driving and motorcycle helmets, many lives could be saved. In order to improve road safety worldwide, those two obstacles need to be addressed.

There needs to be a major worldwide effort to raise awareness of the importance of road safety as a public-health issue. The WHO five-year strategy for road traffic injury prevention was developed in collaboration with a large group of experts and is aimed at the public-health community. WHO is making efforts to build bridges with other important partners, such as the World Bank and other institutions, so as to strengthen collaboration and strategic planning. But the efforts of WHO have yet to be taken seriously by Governments.

4. The role of the international community

Governments, especially those of developing countries, need to recognize that road safety is an important global issue. Road safety is multisectoral in nature and involves transportation, health, law enforcement and educational personnel. A discussion of this item in the General Assembly will bring together these technical experts, professional organizations, interest groups and, most importantly, United Nations agencies such as WHO, the World Bank, the United Nations Children's Fund and the United Nations Development Programme, as well as Governments, to work to improve and increase safety, build support for United Nations agency programmes, start and strengthen developing country programmes, share knowledge about how to improve road traffic safety and raise awareness and the capacity to address this impending epidemic.

By taking up this subject, the General Assembly can bring together all these agencies, non-governmental organizations, donor organizations, academia and, most importantly, Governments to pool resources and come up with a strategy.

Annex II

Facts about road traffic injuries

In 1998, road traffic injuries were the tenth leading cause of death worldwide, with an estimated 1.171 million human beings killed, which accounted for 2.2 per cent of global mortality.

Deaths from injuries are projected to rise from 5.1 million in 1990 to 8.4 million in 2020, according to a joint World Health Organization (WHO)/World Bank report entitled *Global Burden of Disease*, with increases in road traffic injuries being a major cause of the rise.

Table 1
Estimated number of deaths and mortality rates for road traffic injuries, by age group, in the world in 1998

Age group (years)	*Road traffic deaths*	*Road traffic mortality rate per 100,000*
0-4	82 429	13.6
5-14	161 956	13.6
15-44	600 312	21.7
45-59	172 312	22.7
60+	153 684	26.5
All	1 170 694	19.9

Source: *World Health Report* database, 1999.

In 1998, road traffic crashes accounted for 2.8 per cent of all global deaths and disability and ranked ninth among the leading causes of disease burden. Road traffic injuries could take third place in the ranking of disease burden by the year 2020, according to WHO projections.

Table 2
Disease or injury burden for 10 leading causes: baseline scenario

1999	*2020*
1. Lower respiratory infections	1. Ischaemic heart disease
2. HIV/AIDS	2. Unipolar major depression
3. Perinatal conditions	**3. Road traffic injuries**
4. Diarrhoeal diseases	4. Cerebrovascular disease
5. Unipolar major depression	5. Chronic obstructive pulmonary disease
6. Ischaemic heart disease	6. Lower respiratory infections
7. Cerebrovascular disease	7. Tuberculosis
8. Malaria	8. War
9. Road traffic injuries	9. Diarrhoeal diseases
10. Chronic obstructive pulmonary disease	10. HIV/AIDS

Road traffic injuries killed 1.029 million people in low/middle-income countries in 1998 (88 per cent of the global mortality from motor-vehicle crashes) and 142,000 (12 per cent) in high-income countries. The corresponding mortality rates are 20.7 and 15.6 deaths per 100,000 inhabitants, respectively. However, it must be pointed out that road crashes are the fifth leading cause of disease burden in high-income countries and the ninth leading cause in low/middle-income countries.

Table 3 presents the magnitude of the problem in the WHO regions — Africa (AFR), the Americas (AMR), the Eastern Mediterranean (EMR), Europe (EUR), South-East Asia (SEAR) and the Western Pacific (WPR). Although more than a quarter of all road traffic deaths occur in South-East Asia, Africa has the highest road traffic death rate per 100,000 population.

Table 3
Distribution of road traffic deaths and mortality rates, by WHO region and income group, 1998

Region income group	*AFR*	*AMR*		*EMR*	*EUR*		*SEAR*	*WPR*		*World*
		High	*Low middle*		*High*	*Low middle*		*High*	*Low middle*	
Thousands of road traffic deaths	170	49	126	72	66	107	336	25	220	1 171
Percentage of global road traffic deaths	14.5	4.2	10.8	6.1	5.6	9.1	28.6	2.1	18.8	100
Road traffic death rate per 100,000 population	28.2	16.1	25.3	15.2	16.8	22.4	22.6	12.6	15.5	19.9
Percentage of all deaths in region due to road traffic	1.8	1.9	4	1.9	1.7	2	2.5	1.7	2.1	2.2

A total of 844,700 people under 45 years of age were killed in motor vehicle crashes in 1998. For adult men aged 15 to 44 years, road traffic injuries were the second leading cause of ill health and premature death worldwide. A considerable increase in the number of young adult males is expected by the year 2020, based on projected changes in population size and age structure. The toll due to traffic injuries will become even higher in this age group if no preventive measures are taken.

Approximately 50 per cent of fatalities involve young adults aged 15 to 44 years. This age group corresponds to the most economically productive segment of the population, with serious implications for the economy. The total cost of deaths per year in all member countries of the European Union, for example, was estimated at 45,000 billion euro, with the cost of each death averaging 1 million euro.

A variety of costs should be taken into account in the evaluation of the economic burden of traffic injuries, such as the cost of emergency services, short and long-term medical care including rehabilitation costs, loss of productivity related to work and family, damage to property, legal and court expenses, insurance costs, travel delays and costs to employers.